PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

Г		OL 411	10.46					·					
CLAIMS AS FILED - PART I									SMALL	ENT/ITY	,	OTHER	RTHAN
FOR		1 1	(Column 1) NUMBER FILED			(Column 2) NUMBER EXTRA		7	TYPE		OR		ENTITY
<u> </u>	·		OWIDE	IN FILED		NOMBER	EXIKA		RATE	FEE		RATE	FEE
BASIC FEE										345.00	OR		690.00
TOTAL CLAIMS			53	minus	20=	• 33			X\$ 9=	2910	OR	X\$18=	
INDEPENDENT CLAIMS 3 minus 3					s 3 =	: 20			X39=	780.00	OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT										/	1 ""		<u> </u>
* If the difference in column 1 is less than zero, enter "0" in column 2									+130=	1.00	OR	+260=	
CLAIMS AS AMENDED - PART II									TOTAL	4422.1	OR	TOTAL	
(Column 1) (Column 2) (Column 3)									SMALL	ENTITY	OR	OTHER SMALL	
		CLAIN		100		HIGHEST	(Column o)	1		ADDI-	1		
AMENDMENT A		REMAIN AFTE AMENDA	R	isticas Istratūs	PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 53	\prec	Minus	**	53	=		X\$ 9=		OR	X\$18=	
	Independent	1. 0		Minus	***	23	=		X39=		OR	X78=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										P		
			•						+130=		OR	+260=	
							٠		TOTAL ADDIT. FEE		OR	TOTAL ADDIT: FEE	
		(Colum				olumn 2)	(Column 3)		1				
AMENDMENT B		CLAIN REMAIN AFTE AMENDN	IING R		PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=		X\$ 9=	,	OR	X\$18=	
	Independent FIRST PRESE	*		Minus	***		=		X39=		OR	X78=	
	T IIIOT T TILOL	·	OF WICE	LIIFLE DEI	PENU	ENT CLAIM		'	+130=		OR	+260=	
		•			•			L	TOTAL			TOTAL	
		(0 .1						F	ADDIT. FEE		JUN ,	ADDIT. FEE	•
		(Colum		GC 6 a CO ST		olumn 2) IIGHEST	(Column 3)	ـ ا					
AMENDMENT C		REMAIN AFTE AMENDM	IING R		PRI	IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	1	Minus	**		=		X\$ 9=			X\$18=	
	Independent	*	ŀ	Minus	***		=	 			OR		
۲	FIRST PRESE	NTATION (OF MUL	TIPLE DEF	PENDI	ENT CLAIM	<u> </u>		X39=		OR	X78=	
+130= OR										OR	+260=	,	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 3. ***If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 3.													